



**Department of Veterans Affairs
Office of Inspector General**

Office of Healthcare Inspections

Report No. 13-03420-85

**Community Based Outpatient Clinic
and Primary Care Clinic Reviews
at
VA Salt Lake City
Health Care System
Salt Lake City, Utah**

February 28, 2014

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations

Telephone: 1-800-488-8244

E-Mail: vaoighotline@va.gov

(Hotline Information: www.va.gov/oig/hotline)

Glossary

ADA	Americans with Disabilities Act
AUD	alcohol use disorder
CBOC	community based outpatient clinic
DWHP	designated women's health provider
EHR	electronic health record
EOC	environment of care
FY	fiscal year
MH	mental health
MI	motivational interviewing
MM	medication management
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NM	not met
OIG	Office of Inspector General
PACT	Patient Aligned Care Teams
PCC	primary care clinic
PCP	primary care provider
RN	registered nurse
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

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Executive Summary

Review Purpose: The purpose of the review was to evaluate selected patient care activities to determine whether the community based outpatient clinics (CBOCs) and primary care clinics (PCCs) provide safe, consistent, and high-quality health care for our veterans. We conducted site visits during the week of November 18, 2013, at the following CBOCs, which are under the oversight of the VA Salt Lake City Health Care System and Veterans Integrated Service Network 19:

- Orem CBOC, Orem, Utah
- Roosevelt CBOC, Roosevelt, Utah
- St. George CBOC, St. George, Utah

Review Results: We conducted four focused reviews and had no findings for the Designated Women's Health Providers' Proficiency review. However, we made recommendations in the following three review areas:

Environment of Care. Ensure that:

- The main entrance door is Americans with Disabilities Act accessible at the Roosevelt CBOC.
- Gowned women veterans have access to gender-specific restrooms at the Roosevelt CBOC.

Alcohol Use Disorder. Ensure that CBOC/PCC:

- Staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
- Staff provide education and counseling for patients with positive alcohol screen and drinking alcohol above National Institute on Alcohol Abuse and Alcoholism limits.
- Staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- Registered Nurse Care Managers receive motivational interviewing training within 12 months of appointment to Patient Aligned Care Teams.

Medication Management. Ensure that CBOC/PCC staff:

- Complete and document medication reconciliation at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.

Comments

The VISN and Facility Directors agreed with the CBOC and PCC review findings and recommendations and provided acceptable improvement plans. (See Appendixes C and D, pages 16–20, for the full text of the Directors' comments.) We consider Recommendation 2 closed. We will follow up on planned actions for the open recommendations until they are completed.

A handwritten signature in black ink, reading "John D. Daigh, Jr., M.D." in a cursive script.

JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Objectives and Scope

Objectives

The CBOC and PCC reviews are an element of the OIG's efforts to ensure that our Nation's veterans receive high-quality VA health care services. As such, the CBOC and PCC reviews are recurring evaluations of selected primary care operations that focus on patient care quality and the EOC. In general, our objectives are to:

- Determine whether the CBOCs are compliant with EOC requirements.
- Determine whether CBOCs/PCCs are compliant with VHA requirements in the care of patients with AUD.
- Determine compliance with requirements for the clinical oversight and patient education of fluoroquinolones for outpatients.
- Evaluate if processes are in place for DWHPs to maintain proficiency in WH.

Scope

To evaluate for compliance with requirements related to patient care quality and the EOC, we conducted onsite inspections, reviewed clinical and administrative records, and discussed processes and validated findings with managers and employees. The review covered the following four activities:

- EOC
- AUD
- MM
- DWHP Proficiency

The scope of this review is limited to the established objectives. Issues and concerns that come to our attention that are outside the scope of this standardized inspection will be reviewed and referred accordingly.

Methodology

The onsite EOC inspections were only conducted at randomly selected CBOCs that had not been previously inspected.^a Details of the targeted study populations for the AUD, MM, and DWHP Proficiency focused reviews are noted in Table 1.

Table 1. CBOC Focused Reviews and Study Populations

Review Topic	Study Population
AUD	All CBOC and PCC patients screened within the study period of July 1, 2012, through June 30, 2013, and who had a positive AUDIT-C score ^b and all providers and RN Care Managers assigned to PACT prior to October 1, 2012.
MM	All outpatients with an original prescription ordered for one of the three selected fluoroquinolones from July 1, 2012, through June 30, 2013.
DWHP Proficiencies	All WH PCPs designated as DWHPs as of October 1, 2012, and who remained as DWHPs until September 30, 2013.

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

The review was done in accordance with OIG standard operating procedures for CBOC and PCC reviews.

^a Includes 93 CBOCs in operation before March 31, 2013.

^b The AUDIT-C is a brief alcohol screen that reliably identifies patients who are hazardous drinkers or have active alcohol use disorders. Scores range from 0-12.

Results and Recommendations

EOC

The purpose of this review was to evaluate whether CBOC managers have established and maintained a safe and clean EOC as required.¹

We reviewed relevant documents and conducted physical inspections of the Orem, Roosevelt, and St. George CBOCs. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 2. EOC

NM	Areas Reviewed	Findings
	The CBOC's location is clearly identifiable from the street as a VA CBOC.	
	The CBOC has interior signage available that clearly identifies the route to and location of the clinic entrance.	
X	The CBOC is ADA accessible.	The main entrance door at the Roosevelt CBOC was not ADA accessible. CBOC staff had to open the door for patients in wheelchairs because the automatic door opener hardware was too high for patients to operate.
	The furnishings are clean and in good repair.	
	The CBOC is clean.	
	The CBOC maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates.	
	An alarm system and/or panic buttons are installed in high-risk areas (e.g., MH clinic).	
	Alcohol hand wash or soap dispenser and sink are available in the examination rooms.	
	Sharps containers are secured.	
	Safety needle devices are available.	
	The CBOC has a separate storage room for storing medical (infectious) waste.	
	The CBOC conducts fire drills at least every 12 months.)	
	Means of egress from the building are unobstructed.	
	Access to fire alarm pull stations is unobstructed.	
	Access to fire extinguishers is unobstructed.	
	The CBOC has signs identifying the locations of fire extinguishers.	
	Exit signs are visible from any direction.	

NM	Areas Reviewed (continued)	Findings
	No expired medications were noted during the onsite visit.	
	All medications are secured from unauthorized access.	
	PII is protected on laboratory specimens during transport so that patient privacy is maintained.	
	Adequate privacy is provided to patients in examination rooms.	
	Documents containing patient-identifiable information are not laying around, visible, or unsecured.	
	Window coverings provide privacy.	
	The CBOC has a designated examination room for women veterans.	
X	Adequate privacy is provided to women veterans in the examination room.	Gowned women veterans at the Roosevelt CBOC cannot access a gender-specific restroom without entering public areas.
	The IT network room/server closet is locked.	
	All computer screens are locked when not in use.	
	Staff use privacy screens on monitors to prevent unauthorized viewing in high-traffic areas.	
	EOC rounds are conducted semi-annually (at least twice in a 12-month period).	
	The CBOC has an automatic external defibrillator.	
	Safety inspections are performed on the CBOC medical equipment in accordance with JC standards.	
	The parent facility includes the CBOC in required education, training, planning, and participation leading up to the annual disaster exercise.	
	The parent facility's Emergency Management Committee evaluates CBOC emergency preparedness activities, participation in annual disaster exercise, and staff training/education relating to emergency preparedness requirements.	

Recommendations

1. We recommended that the main entrance door access is ADA accessible at the Roosevelt CBOC.
2. We recommended that gowned women veterans have access to gender-specific restrooms without entering public areas at the Roosevelt CBOC.

AUD

The purpose of this review was to determine whether the facility's CBOCs and PCCs complied with selected alcohol use screening and treatment requirements.²

We reviewed relevant documents. We also reviewed 40 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 3. AUD

NM	Areas Reviewed	Findings
	Alcohol use screenings are completed during new patient encounters, and at least annually.	
X	Diagnostic assessments are completed for patients with a positive alcohol screen.	Staff did not complete diagnostic assessments for 7 (18 percent) of 40 patients who had positive alcohol use screens.
X	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above NIAAA guidelines.	Staff did not provide education and counseling for 5 of 21 patients who had positive alcohol use screens.
X	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	We did not find documentation of the offer of further treatment for five of eight patients diagnosed with alcohol dependence.
	For patients with AUD who decline referral to specialty care, CBOC/PCC staff monitored them and their alcohol use.	
	Counseling, education, and brief treatments for AUD are provided within 2 weeks of positive screening.	
X	CBOC/PCC RN Care Managers have received MI training within 12 months of appointment to PACT.	We found that seven of seven RN Care Managers did not receive MI training within 12 months of appointment to PACT.
	CBOC/PCC RN Care Managers have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	
	The facility complied with any additional elements required by VHA or local policy.	

Recommendations

3. We recommended that CBOC/PCC staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

4. We recommended that CBOC/PCC staff provide education and counseling for patients with positive alcohol screen and drinking alcohol above NIAAA limits.
5. We recommended that CBOC/PCC staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
6. We recommended that CBOC/PCC RN Care Managers receive MI training within 12 months of appointment to PACT.

MM

The purpose of this review was to determine whether appropriate clinical oversight and education were provided to outpatients prescribed oral fluoroquinolone antibiotics.³

We reviewed relevant documents. We also reviewed 36 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

Table 4. Fluoroquinolones

NM	Areas Reviewed	Findings
X	Clinicians documented the medication reconciliation process that included the fluoroquinolone.	We did not find documentation that medication reconciliation included the newly prescribed fluoroquinolone in 14 (42 percent) of 33 patients EHRs.
	Written information on the patient's prescribed medications was provided at the end of the outpatient encounter.	
	Medication counseling/education for the fluoroquinolone was documented in the patients' EHRs.	
	Clinicians documented the evaluation of each patient's level of understanding for the education provided.	
	The facility complied with local policy.	

Recommendation

7. We recommended that CBOC/PCC staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.

DWHP Proficiency

The purpose of this review was to determine whether the facility's CBOCs and PCCs complied with selected DWHP proficiency requirements.⁴

We reviewed the facility self-assessment, VHA and local policies, Primary Care Management Module data, and supporting documentation for DWHPs' proficiencies. The table below shows the areas reviewed for this topic; NM denotes criterion "not met." The facility generally met requirements. We made no recommendations.

Table 5. DWHP Proficiency

NM	Areas Reviewed	Findings
	CBOC and PCC DWHPs maintained proficiency requirements.	
	CBOC and PCC DWHPs were designated with the WH indicator in the Primary Care Management Module.	

CBOC Profiles

This review evaluates the quality of care provided to veterans at all of the CBOCs under the parent facility's oversight.^c The table below provides information relative to each of the CBOCs.

Location	State	Station #	Locality ^e	CBOC Size ^f	Uniques ^d				Encounters ^d			
					MH ^g	PC ^h	Other ⁱ	All	MH ^g	PC ^h	Other ⁱ	All
West Valley City	UT	660GJ	Urban	Large	688	6,324	5,659	7,817	2,002	12,460	28,871	43,333
Pocatello	ID	660GA	Urban	Large	951	4,725	3,514	5,090	4,746	10,149	15,202	30,097
Ogden	UT	660GB	Urban	Large	1,103	4,604	3,938	5,080	5,160	10,990	11,416	27,566
Orem	UT	660GE	Urban	Mid-Size	672	2,639	2,892	3,407	4,091	5,113	9,446	18,650
St. George	UT	660GG	Urban	Mid-Size	487	2,660	2,667	3,064	1,834	6,108	11,462	19,404
Roosevelt	UT	660GD	Highly Rural	Small	68	756	354	765	239	2,394	572	3,205
Ely	NV	660GC	Highly Rural	Small	0	255	1	256	0	1,118	1	1,119

^c Includes all CBOCs in operation before March 31, 2013.

^d Unique patients and Total Encounters – Source: MedSAS outpatient files; completed outpatient appointments indicated by a valid stop code during the July 1, 2012, through June 30, 2013, timeframe at the specified CBOC.

^e http://vawww.pssg.med.va.gov/PSSG/DVDC/FY2013_Q1_VAST.xlsx

^f Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

^g Mental Health includes stop codes in the 500 series, excluding 531 and 563, in the primary position.

^h Primary Care includes the stop code list in the primary position: 323 – Primary Care; 322 – Women's Clinic; 348 – Primary Care Group; 350 – Geriatric Primary Care; 531 – MH Primary Care Team-Individual; 563 – MH Primary care Team-Group; 170 – Home Based Primary Care (HBPC) Physician.

ⁱ All other non-Primary Care and non-MH stop codes in the primary position.

CBOC Services Provided

In addition to primary care integrated with WH and MH care, the CBOCs provide various specialty care, ancillary, and tele-health services. The following table lists the services provided at each CBOC.^j

CBOC	Specialty Care Services^k	Ancillary Services^l	Tele-Health Services^m
Western Salt Lake	---	Diabetes Care Diabetic Retinal Screening Laboratory MOVE! Program ⁿ Nutrition Pharmacy	Tele Primary Care
Pocatello	Specialty Musculoskeletal Clinic	Diabetic Retinal Screening Laboratory MOVE! Program Pharmacy	Tele Primary Care
Ogden	---	Diabetes Care Diabetic Retinal Screening Laboratory MOVE! Program	Tele Primary Care
Orem	Specialty Musculoskeletal Clinic	Diabetic Retinal Screening Laboratory Pharmacy	Tele Primary Care
St. George	Specialty Musculoskeletal Clinic	Audiology Diabetic Retinal Screening Laboratory MOVE! Program Pharmacy	Tele Primary Care
Roosevelt	---	Laboratory	Tele Primary Care
Ely	---	---	---

^j Source: MedSAS outpatient files; the denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count ≥ 100 encounters during the July 1, 2012, through June 30, 2013, timeframe at the specified CBOC.

^k Specialty Care Services refer to non-Primary Care and non-Mental Health services provided by a physician.

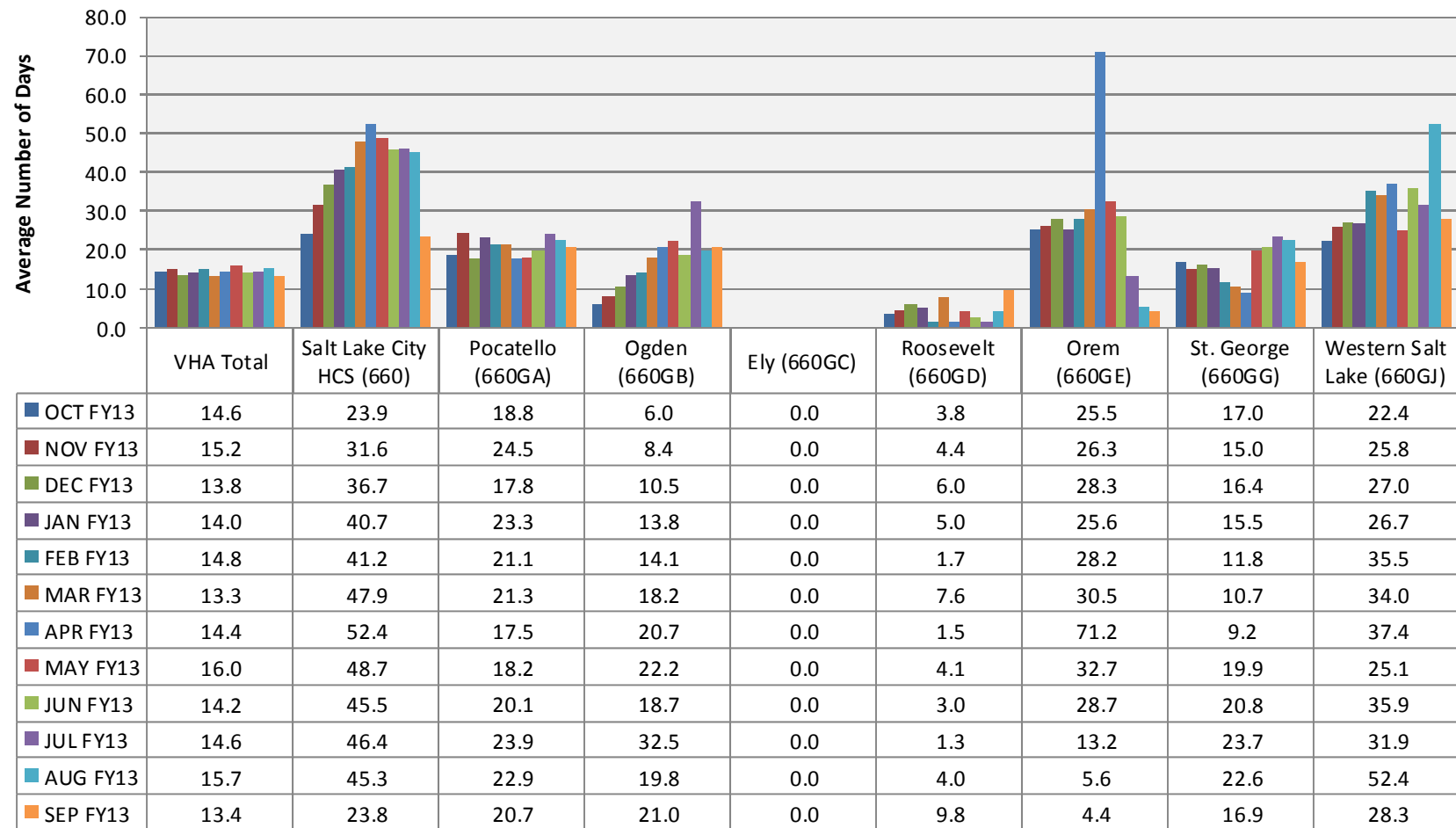
^l Ancillary Services refer to non-Primary Care and non-Mental Health services that are not provided by a physician.

^m Tele-Health Services refer to services provided under the VA Telehealth program (<http://www.telehealth.va.gov/>)

ⁿ VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

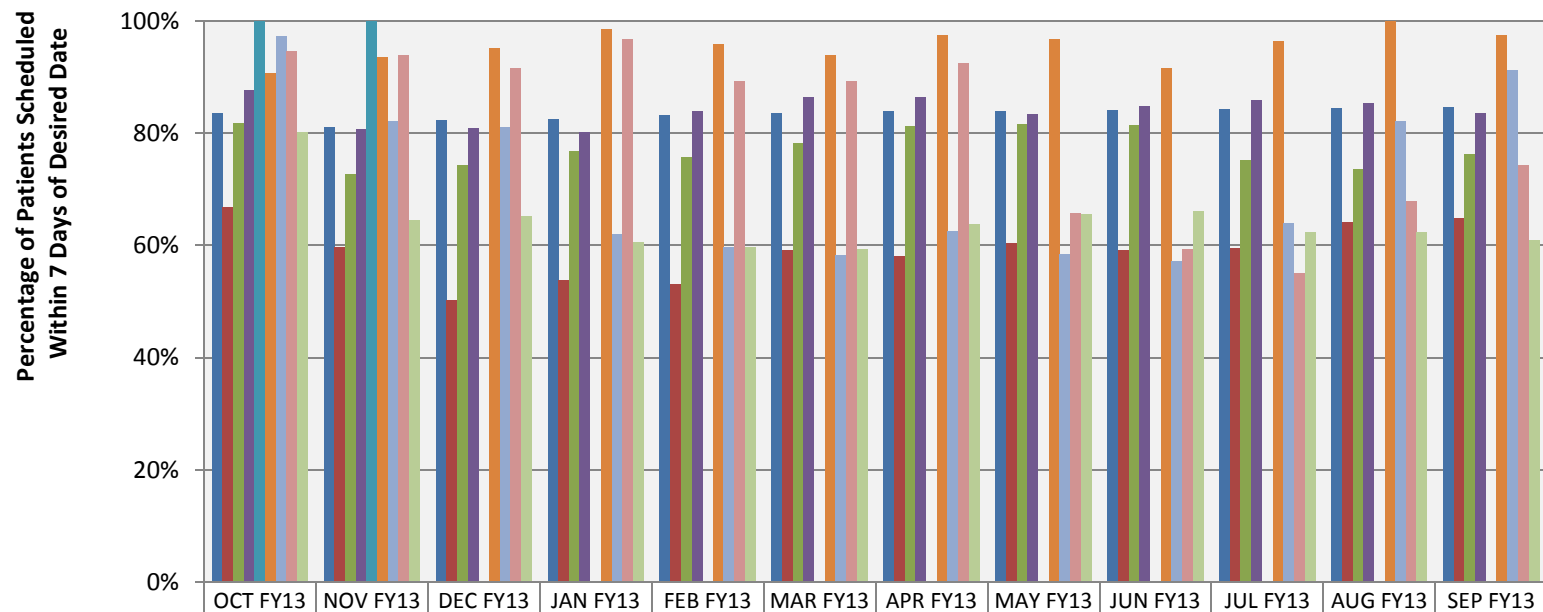
PACT Compass Metrics

FY 2013 Average 3rd Next Available in PC Clinics



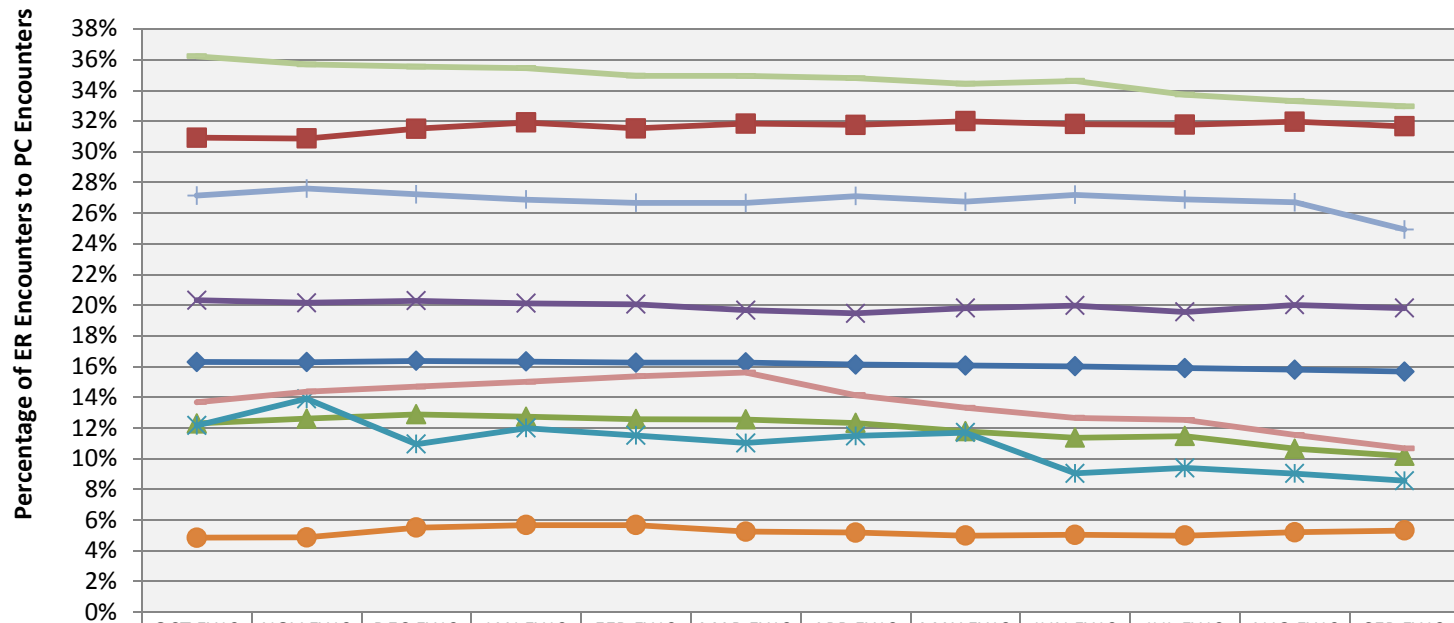
Data Definition.⁵ The average waiting time in days until the next third open appointment slot for completed primary care appointments in stop code 350. Completed appointments in stop code 350 for this metric include completed appointments where a 350 stop code is in the primary position on the appointment or one of the telephone stop codes is in the primary position, and 350 stop code is in the secondary position. The data is averaged from the national to the division level.

FY 2013 Established PC Prospective Wait Times 7 Days



Data Definition.⁵ The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in primary care clinics 322, 323 and 350. Data is collected twice a month on the 1st and the 15th. Data reported is for the data pulled on the 15th of the month. There is no FY to date score for this measure. Blank cells indicate the absence of reported data.

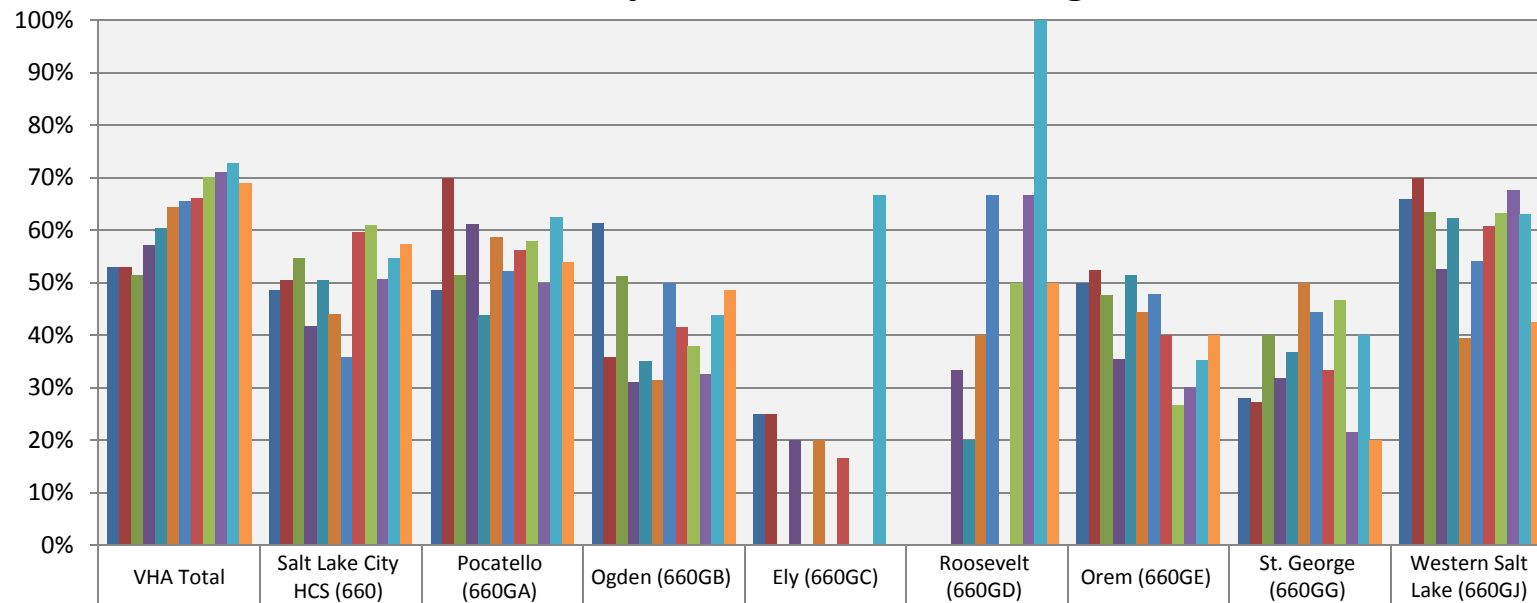
FY 2013 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	OCT FY13	NOV FY13	DEC FY13	JAN FY13	FEB FY13	MAR FY13	APR FY13	MAY FY13	JUN FY13	JUL FY13	AUG FY13	SEP FY13
VHA Total	16.3%	16.3%	16.4%	16.3%	16.3%	16.3%	16.1%	16.1%	16.0%	15.9%	15.8%	15.7%
Salt Lake City HCS (660)	30.9%	30.9%	31.5%	31.9%	31.5%	31.8%	31.8%	32.0%	31.8%	31.8%	32.0%	31.7%
Pocatello (660GA)	12.3%	12.6%	12.9%	12.7%	12.6%	12.6%	12.3%	11.8%	11.4%	11.5%	10.6%	10.2%
Ogden (660GB)	20.3%	20.2%	20.3%	20.1%	20.1%	19.7%	19.5%	19.8%	20.0%	19.6%	20.0%	19.8%
Ely (660GC)	12.2%	13.9%	11.0%	12.0%	11.5%	11.0%	11.5%	11.7%	9.1%	9.4%	9.0%	8.6%
Roosevelt (660GD)	4.9%	4.9%	5.5%	5.7%	5.7%	5.2%	5.2%	5.0%	5.0%	5.0%	5.2%	5.3%
Orem (660GE)	27.1%	27.6%	27.2%	26.9%	26.7%	26.7%	27.1%	26.8%	27.2%	26.9%	26.7%	24.9%
St. George (660GG)	13.7%	14.4%	14.7%	15.0%	15.4%	15.6%	14.2%	13.3%	12.7%	12.5%	11.6%	10.7%
Western Salt Lake (660GJ)	36.2%	35.7%	35.6%	35.5%	35.0%	34.9%	34.8%	34.4%	34.6%	33.7%	33.3%	33.0%

Data Definition.⁵ This is a measure of where the patient receives his or her primary care and by whom. A low percentage is better. The formula is the total VHA ER/Urgent Care/FEE ER Encounters WOP (including FEE ER visits) *divided by* the number of primary care encounters WOP with the patient's assigned primary care (or associate) provider plus the total VHA ER/Urgent Care/FEE ER Encounters (including FEE ER visits) WOP plus the number of primary care encounters WOP with a provider other than the patient's PCP/AP.

FY 2013 2-Day Contact Post Discharge Ratio



Data Definition.⁵ Total Discharges Included in 2-day Contact Post Discharge Ratio: the total VHA and FEE Inpatient Discharges for assigned primary care patients for the reporting timeframe. Discharges resulting in death and discharges where a patient is readmitted within 2 days of discharge are excluded from this metric.

VISN Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: January 24, 2014

From: Director, Rocky Mountain Network (10N19)

Subject: **CBOC and PCC Reviews of the VA Salt Lake City Health Care System, Salt Lake City, UT**

To: Director, Los Angeles Office of Healthcare Inspections (54LA)

Acting Director, Management Review Service (VHA 10AR MRS OIG CAP CBOC)

1. Thank you for the opportunity to respond to the proposed recommendations for the VA Salt Lake City Health Care System, Salt Lake City, Utah.
2. Attached please find the facility concurrences and responses to each of the findings from the review.
3. If you have additional questions or need further information, please contact Aggie Worth, VISN 19 QMO at (303) 639-6984.



RALPH T. GIGLIOTTI, FACHE
Director, VA Rocky Mountain Network 19

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: January 23, 2014

From: Director, VA Salt Lake City Health Care System (660/00)

Subject: **CBOC and PCC Reviews of the VA Salt Lake City Health Care System, Salt Lake City, UT**

To: Director, Rocky Mountain Network (10N19)

1. Thank you for the opportunity to submit responses to the proposed recommendations for the VA Salt Lake City Health Care System, Salt Lake City, Utah.
2. I have reviewed and concur with the findings and recommendations in the draft report of the Office of the Inspector General conducted the week of November 18, 2013.
3. Corrective action plans have been established, with some being already implemented, and target completion dates have been set for the remaining items as detailed in the attached report.
4. If you have additional questions or need further information, please contact Nena Saunders, Associate Director, Quality & Safety, 801-582-1565 x4608.



STEVEN W. YOUNG, FACHE
DIRECTOR

Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations in the OIG report:

Recommendation 1. We recommended that the main entrance door access is ADA accessible at the Roosevelt CBOC.

Concur

Target date for completion: July 1, 2014

Facility response: The Roosevelt Clinic is a contracted facility and the contract states this clinic will meet all federal regulations. The contractor will be directed to modify the main entrance in compliance with the ADA.

Recommendation 2. We recommended that gowned women veterans have access to gender-specific restrooms without entering public areas at the Roosevelt CBOC.

Concur

Target date for completion: Completed

Facility response: It is the standard operating procedure that female veterans at the Roosevelt Clinic are invited to use the restroom prior to donning a gown for examination. In the event a gowned female would need the restroom, an alternate restroom in the laboratory has been identified and marked for patient use. The path to this restroom is not through public areas.

Recommendation 3. We recommended that CBOC/PCC staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: March 1, 2014

Facility response: Reminders are available and satisfy the requirements. All clinic staff have been reminded to complete the diagnosis assessments for patients with a positive alcohol screen. A daily computerized report of alcohol screens that are due will be pulled by a point of contact at each clinic. The individual will make face-to-face contact with the provider to review the scheduled patients and the screening requirement. This will serve as a redundant reminder to complete the alcohol screening.

Recommendation 4. We recommended that CBOC/PCC staff provide education and counseling for patients with positive alcohol screen and drinking alcohol above NIAAA limits.

Concur

Target date for completion: March 1, 2014

Facility response: A reminder is on each patient record and all providers have been reminded of this responsibility. As described in recommendation 3, a clinic point of contact will review daily alcohol screening reminders and meet face-to-face with providers to review the redundant reminder list.

Recommendation 5. We recommended that CBOC/PCC staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

Concur

Target date for completion: April 1, 2014

Facility response: All providers in clinics have been reminded of this requirement and there will be a redundant reminder system placed (as described in Recommendation 3) of the requirement of documentation of the offer for further treatment to patients diagnosed with alcohol dependence. Compliance will be monitored monthly by the point of contact and feedback given to the supervisors for appropriate action.

Recommendation 6. We recommended that CBOC/PCC RN Care Managers receive MI training within 12 months of appointment to PACT.

Concur

Target date for completion: April 1, 2014

Facility response: A certified trainer from another facility is providing MI (Motivational Interviewing) training to Care Managers who have not yet completed it on January 28, 2014. The facility is hiring an individual who is competent to provide this training for the future. Nursing has implemented a procedure which insures all newly hired care managers receive this training within 12 months of PACT appointment. The education department will track this training and report to the Quality Manager for reporting to the Executive Board.

Recommendation 7. We recommended that CBOC/PCC staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.

Concur

Target date for completion: April 1, 2014

Facility response: Medication reconciliation for all medications including Fluroquinolones has been embedded into the provider template to serve as a reminder to complete reconciliation. Patient Safety will conduct a review of 30 clinic records per month for one year to track and trend compliance with medication reconciliation.

OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the OIG at (202) 461-4720.
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National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget
U.S. Senate: Orrin Hatch, Mike Lee
U.S. House of Representatives: Rob Bishop, Jason Chaffetz, Jim Matheson,
Chris Stewart

This report is available at www.va.gov/oig.

Endnotes

¹ References used for the EOC review included:

- US Access Board, *Americans with Disabilities Act Accessibility Guidelines (ADAAG)*, September 2, 2002.
- US Department of Health and Human Services, Health Insurance Portability and Accountability Act, *The Privacy Rule*, August 14, 2002.
- US Department of Labor, Occupational Safety and Health Administration, *Laws and Regulations*.
- US Department of Labor, Occupational Safety and Health Administration, *Guidelines for Preventing Workplace Violence*, 2004.
- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manual*, July 1, 2013.
- VA Directive 0324, *Test, Training, Exercise, and Evaluation Program*, April 5, 2012.
- VA Directive 0059, *VA Chemicals Management and Pollution Prevention*, May 25, 2012.
- VA Handbook 6500, *Risk Management Framework for VA Information System*, September 20, 2012.
- VHA Center for Engineering, Occupational Safety, and Health, *Emergency Management Program Guidebook*, March 2011.
- VHA Center for Engineering, Occupational Safety, and Health, *Online National Fire Protection Association Codes, Standards, Handbooks, and Annotated Editions of Select Codes and Standards*, July 9, 2013.
- VHA Deputy Under Secretary for Health for Operations and Management, Memorandum: *Environmental Rounds*, March 5, 2007.
- VHA Directive 2011-007, *Required Hand Hygiene Practices*, February 16, 2011.
- VHA Directive 2012-026, *Sexual Assaults & Other Defined Public Safety Incidents in VHA Facilities*, September 27, 2012.
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